



HEALTH CARE
AUTHORITY

Division of Health Improvement (DHI) Program Operations Bureau (POB)

Reporting Requirements for all Licensed Healthcare Facilities

Why are you here today?



find your why

PURPOSE

The purpose of this training is to refresh all licensed Health Care Facilities of the current ANE (Abuse, Neglect and Exploitation) reporting regulations and potential consequences associated with non-reporting

GOALS



- Help improve facility Incident Reports, and 5 day follow up investigative summary reports
- Reduce complaint surveys in your facilities
- Build rapport, relationship and trust with the State Agency (SA)



Power of communication

REGULATIONS REGARDING REPORTING REQUIREMENTS

[NMAC 8.370.9.8](#) - This regulation establishes standards for **licensed health care facilities** to institute and maintain an incident management system and employee training program for the reporting of allegations of abuse, neglect, misappropriation of property and injuries of unknown origin.

[NMAC 8.370.19.6](#) - This regulation establishes minimum standards for licensing of **hospice facilities** and **agencies that provide in-home and inpatient hospice care**, and, to monitor these regulations, through surveys, to identify any area which could be dangerous or harmful to the patient, family, or staff.

[NMAC 8.370.22.6](#) - This regulation establishes minimum standards for licensing of **home health agencies** who provide medically directed therapeutic and/or supportive services to a patient/client in their place of residence.

Monitoring compliance with these regulations, through surveys, to identify any areas which could be dangerous or harmful to a patient/client or staff.

Encourage the establishment and maintenance of home health agencies to provide medically directed therapeutic and/or supportive services, to a patient/client in their place of residence, that maintain or improve the health and quality of life to patients/clients who are in New Mexico.

DEFINITIONS

Abuse

Neglect

Complaint

Reportable incident



ABUSE

8.370.9.7 A. Abuse –

- (1) Knowingly, intentionally and without justifiable cause inflicting physical pain, injury or mental anguish, and includes sexual abuse and verbal abuse
- (2) Intentional deprivation by a caretaker or other person of services necessary to maintain the mental and physical health of a person
- (3) Sexual abuse, including criminal sexual contact, incest and criminal sexual penetration
- (4) Verbal abuse, including profane, threatening, derogatory, or demeaning language, spoken or conveyed with the intent to cause mental anguish

NEGLECT



8.370.9.7 S. Neglect-

Failure of the caretaker to provide basic needs of a person, such as clothing, food, shelter, supervision and care for the physical and mental health of that person. Neglect causes or is likely to cause harm to a person

COMPLAINT



8.370.9.7 D. Complaint –

Any report, assertion, or allegation of abuse, neglect, or exploitation of, or injuries of unknown origin, to a consumer, made by a reporter to the incident management system, and includes any reportable incident that a licensed health care facility is required to report under applicable law



Can you give an example?

What would you consider a reportable incident?

8.370.9.7 V. Reportable incident –

Possible abuse, neglect, exploitation, injuries of unknown origin and other events but not limited to:

- Falls which cause injury
- Unexpected death
- Elopement
- Medication error which causes or is likely to cause harm
- Failure to follow a doctor's order or an ISP
- Any other incident which may evidence abuse, neglect, or exploitation

**REPORTABLE
INCIDENTS**



Let's Talk About It

Abuse - Resident to Resident? One report, make sure both names are in the reports.

Staff to resident? Did staff get pulled from resident care?

Resident to staff ?

*EAR referrals – If you feel that an employee should be referred to the Employee Abuse Registry or CNA Registry, an incident report and follow up need to be submitted whether a regulatory violation exists. Please include employees name and title in your reports.

Unexpected death - Were there any allegations of neglect or abuse?

Falls which cause injury – Did your resident require a higher level of care?

Elopement – What is your residents safety awareness? Are they safe making their own decisions without supervision?

Medications – Was there a potential negative outcome?

Injuries of unknown origin – Measurements. Body assessment, if possible, prior to transport and upon readmission.

OTHER REPORTABLE INCIDENTS:

Environmental Hazards

- Water issues – no water, no hot water
- Gas leaks – in or outside facility
- Electrical issues – air conditioner, heater, lights
- Any environmental issue that may affect residents
- Resident relocations
- Planned outages

Infection Control/Outbreaks

- Facilities must alert DHI and Epidemiology for issues such as COVID 19, norovirus, influenza, GI outbreaks, etc.

Other Reportable

- Bed bugs, ants, cockroaches

Nursing Homes

Time Frames for reporting

When	Serious bodily injury- Immediately but not later than 2 hours* after forming the suspicion No serious bodily injury- not later than 24 hours	All alleged violations- 1) Immediately but not later than 2 hours*- if the alleged violation involves abuse or results in serious bodily injury 2) Not later than 24 hours*- if the alleged violation involves neglect, exploitation, mistreatment, or misappropriation of resident property; and does not result in serious bodily injury
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Required under 42 CFR 483.12 to report and investigate all allegations of abuse, neglect, exploitation, or mistreatment, including injuries of unknown source, and misappropriation of residents' property to the state agency

For alleged violations of abuse or if there is resulting serious bodily injury, the facility must report the allegation immediately, but no later than 2 hours after the allegation is made. For alleged violations of neglect, exploitation, misappropriation of resident property, or mistreatment that do not result in serious bodily injury, the facility must report the allegation no later than 24 hours

Regulation Regarding Duty to Report

8.370.9.8 A. Duty to Report:

(1) All licensed health care facilities shall immediately report abuse, neglect or exploitation to the adult protective services division

(2) All licensed health care facilities shall report abuse, neglect, exploitation, and injuries of unknown origin or other reportable incidents to the bureau within a 24-hour period, or the next business day when the incident occurs on a weekend or holiday

(3) All licensed health care facilities shall ensure that the reporter with direct knowledge of an incident has immediate access to the bureau incident report form to allow the reporter to respond to, report, and document incidents in a timely and accurate manner



INCIDENT REPORT

- Any person may report an incident to the bureau by utilizing the DHI toll free complaint hotline at 1-800-752-8649
- Any consumer, employee, family member or legal guardian may also report an incident to the bureau directly or through the licensed health care facility by written correspondence or by utilizing the bureau's incident report form
- You can now visit our new HCA website: <https://www.hca.nm.gov/report-abuse-neglect-exploitation/> to fill out any incident or follow up report using our new online system. If you need a PDF version of our forms, please let us know.
- Or may be obtained from the department by calling the toll-free number at 1-800-752-8649

Revised 4/08/2009

New Mexico Department of Health

DOH/DHI Use Only

HFL&C INCIDENT REPORT (SFY 2017)

Fields in red are required

SECTION 1 – CONSUMER INFORMATION

Name of Consumer	First: <input type="text"/>	Middle: <input type="text"/>	Last: <input type="text"/>
Social Security #	<input type="text"/>	Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
DOB:	<input type="text"/>		
Residence Address	Street Address: <input type="text"/>	City: <input type="text"/>	Zip: <input type="text"/>
		Phone:	<input type="text"/>
Consumer Competency Level	ADLs (Resident Needs Assistance With) Check All That Apply		
<input type="radio"/> High <input type="radio"/> Moderate <input checked="" type="radio"/> Low	<input type="checkbox"/> Walking	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Bathing
	<input type="checkbox"/> Eating	<input type="checkbox"/> Transfer	
	<input type="checkbox"/> Total Care	<input type="checkbox"/> None	Verbal <input checked="" type="radio"/> Yes <input type="radio"/> No
Diagnosis(es): <input type="text"/>			
Name of Consumer's Doctor: <input type="text"/>		Doctor's Phone: <input type="text"/>	

SECTION 2 – DESCRIPTION OF INCIDENT (Staff person with the most direct knowledge of incident fills out this section)

TYPE OF ALLEGED INCIDENT			
<input type="checkbox"/> Abuse	<input type="checkbox"/> Neglect	<input type="checkbox"/> Exploitation	<input type="checkbox"/> Injuries of Unknown Origin
Person responsible for individual's care at time of incident:			
Name: <input type="text"/>	Title: <input type="text"/>	Phone: <input type="text"/>	
Has this happened before? <input type="radio"/> YES <input checked="" type="radio"/> NO			
Was anyone else present at the time of the incident? <input type="radio"/> YES <input checked="" type="radio"/> NO If YES, Identify below:			
Name: <input type="text"/>	Title or Relationship: <input type="text"/>	Phone: <input type="text"/>	
Name: <input type="text"/>	Title or Relationship: <input type="text"/>	Phone: <input type="text"/>	
Date Of Incident: <input type="text"/>	Time Of Incident: <input type="text"/>	<input type="radio"/> AM <input checked="" type="radio"/> PM <input type="radio"/> Unknown	
Describe what you saw and/or what you heard in order of occurrence:			
Before the Incident:			
<input type="text"/>			
During the Incident:			
<input type="text"/>			
After the Incident:			
<input type="text"/>			

SUBMIT INCIDENT

ADMIN

NMHealth

The Division of Health Improvement

IROnline

Health Facility Incident Report Form

NEW VERSION OF THE INCIDENT REPORTING ONLINE (IRONLINE) SYSTEM!

Hello! We know this looks different, this is our new reporting system. If you have any questions, please call us at 1-800-752-8649.

All licensed health care facilities shall conduct a complete investigation and report the actions taken and conclusions reached by the facility within five (5) business days of the initial Incident Report.

Please answer all questions to the best of your ability, some fields are required. Address only one event per report.

Report Type:

☐ Initial Report

Is this the initial report?

☐ Follow-Up Report

Is this a follow-up report?

- Submit both incident reports and 5 day follow up reports
- No having to fax or email completed reports
- Easy to track and receive completed copies



IROnline

When does a facility's self-report investigation begin?

- Immediately (within 2-hrs) of the incident occurs or when you become aware of the incident. Then submit the 5-day follow-up
- Interview all involved: affected resident, other residents, staff, visitors
- It is the facilities responsibility to conduct a thorough investigation



5 day Follow up Investigative Summary Report

NMAC 8.370.9.10 C.

Information Needed

- Facility name
- Date of incident/resident's name
- Brief summary of incident
- Facility actions after incident
- Future Preventative/Corrective Action for resident(s) health and safety
- Conclusion
- If allegations of ANE: Were the allegations Substantiated or Unsubstantiated



COMPLAINT NARRATIVE INVESTIGATION REPORT (5 day)

Name of Facility: _____
Address: _____ Phone #: _____
License#: _____
Administrator Name: _____

Resident Name: _____ DOB: _____
Date of incident: _____

Brief Summary of incident:

Facility Actions after the incident:

Future Preventative/Corrective Action for resident(s) health and safety:

Conclusion:

If allegations of abuse/neglect/exploitation: Substantiated or Unsubstantiated

Report completed by:

Name, Title and Phone Number

SEND THE 5 DAY FOLLOW UP REPORT TO:
DHI COMPLAINTS UNIT, PO BOX 26110, SANTA FE, NM 87505
ALTERNATELY, YOU MAY FAX IT TO: 888-576-0012
• www.dhi.health.state.nm.us



Staying in Compliance

- Incident reports/follow-up reports must be legible, or it may be rejected/ask to be resubmitted.
- 5-day follow-up report request for a 2-day extension will be granted if requested within the 5-day.
- Late 5-day follow-up reports may result in an onsite investigation.
- 1 attempt from HCA will be made to request additional information with a 2-day extension.
- No follow-up will result in a non-compliance letter.

Facility/Agency Expectations

- Improve operational systems/update care plans
- Establish and maintain an incident management system which emphasizes the principles of prevention and staff involvement.
- Train staff regularly on how to respond to, report, and document reportable incidents in a timely and accurate manner. (documentation of training)
- Be transparent with incident report and 5-day follow-up
- Use HCA-DHI as a resource
- Facility compliance is YOUR responsibility
- All licensed health care facilities shall post 2 or more posters, to be furnished by the division, in a prominent public location which states all incident management reporting procedures, including contact numbers and internet addresses. (facilities with 60 or more should have 3 posters)



Report RED Flags

- Late incident or follow up investigative summary reports
 - Incomplete incident reports
 - Repeat falls
 - Repeat incidents involving the same resident
 - Repeat concerns from families/ombudsman
 - Facility not returning HCA phone calls, and the request for follow reports and additional information
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QUESTIONS?

Website:

<https://www.hca.nm.gov/report-abuse-neglect-exploitation/>

Hotline: 1-800-752-8649

Fax: 1-888-576-0012

Email:

Incident.Management@hca.nm.gov

Contact Information

If you need assistance with reporting,
please contact our department at

1-800-752-8649

Thank You



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